CS-65A SERVICES ELIGIBILITY AND AUTHORIZATION PROVIDER INVOICE:

PURPOSE:

The CS-65A is the data entry document used to invoice payments to providers who deliver purchases services for Children's Services clients of the Division of Family Services. Invoices will be generated each month to providers from all purchases service authorizations entered into SEAS (Service Eligibility and Authorization System).

NUMBER OF COPIES AND DISTRIBUTION:

The CS-65A is a four copy self carbonating form sent to the provider each month based on authorizations in SEAS. The last copy (goldenrod) should be retained by the provider after completing and signing the form. The remaining copies should then be sent to the county that authorized services.

After review and signature by the payment designee, invoice information on the CS-65A will be entered by the Data Entry operator into SEAS for payment.

After entry the original (white) copy must be retained in the Business Office file. If corrections were made by the payment designee to the vendor's invoice, the 3rd copy of the invoice will be sent to the provider showing the corrections made. After receipt of the 3rd copy from the provider, the corrected copy will be entered into SEAS. After data entry, the payment designee should make a xerox copy of the provider corrected CS-65A invoice to be filed in the county office business file. If no corrections are made the second (canary) and third (pink) copies of the CS-65A will be filed in the county business office file, after data entry into SEAS.

GENERAL INSTRUCTIONS FOR COMPLETION:

The system will have the capability to generate invoices two times in the month; on the fifteenth (15) working day and again on the last working day of the month. All providers with active service authorizations will receive invoices after the 15th working day of the month. New service authorizations will appear on the invoice printed on the last working day of the month.

Upon receipt, the provider will complete the CS-65A invoice, and send the completed CS-65A to the county DFS office for review, approval and data entry. This data will then be used by the

Children's Services Integrated Payment System (CSIPS) to generate the next CSIPS payroll, at which time a check will be written to the provider.

The instructions for the CS-65A are divided into three (3) sections: Completion by the provider, Information and review by the county payment designee and Data entry instructions for the county Data Entry operator.

COMPLETION OF THE INVOICE -

- PROVIDER - Information from provider authorizations will be system printed on the form, but many parts of the CS-65A will be completed by the provider, it is important for the provider as well as county staff to be familiar with proper completion of the form. The provider section is further divided into three (3) sections:

  A. Day Care

  B. Children's Treatment Services

  C. Residential Treatment

  Each section provides specifics on invoice completion for that type of provider.

- PAYMENT DESIGNEE - The payment designee will be responsible for reviewing each CS-65A for completeness, accuracy and reasonableness of service delivery. In the event errors are discovered, the payment designee is responsible for error resolution with the provider when errors are identified at the time of data entry.

- Data Entry operator - The Data Entry operator will be responsible for entering provider invoice information into the SEAS system, based on the approval from the payment designee, and the CS-65A form. In addition, the Data Entry operator is responsible for returning the form to the payment designee if errors are identified at the time of data entry.

SECTION I

PROVIDER COMPLETION OF THE INVOICES

A. DAY CARE PROVIDER INVOICE INFORMATION AND INSTRUCTIONS:

This section contains information about the CS-65A invoice. This document will be sent to day care providers at the end of each service month. A separate invoice(s) will be printed for those providers who care for children in IM Day Care programs. Each invoice will contain space for twelve authorized services. Because each CS-65A invoice contains space for only twelve (12) services, most providers will receive more than one invoice per month.

The system generated CS-65A invoice will contain certain pre-printed information to assist the provider in completion of service information. The invoice contains other fields that are filled in by the provider for payment purposes. The following description is grouped by System Generated and Provider Completed fields.

SYSTEM GENERATED FIELDS:

The following fields and information are pre-printed on the invoice by the system:

- Day Care Invoice: This field identifies the type of program in which services were provided. Because the SEAS system generates invoices to Day Care, CTS and Residential Treatment providers, it is necessary to identify the program area in which the invoice is generated. If a provider is authorized to deliver services in more than one program, he/she will receive a separate invoice(s) for each program area.

- Invoice Number: This is a ten (10) digit number consisting of the two (2) digit fiscal year (ie., 92), the three (3) digit FIPS code of the county that authorized services to the provider (ie.,189) and a five (5) digit sequential number unique to each invoice generated in the month and will be displayed as (YY-CCC-NNNNN).

  NOTE: A county office should never process an invoice that does not contain the three (3) digit FIPS code for their county.

- Invoice Date: This is the date the invoice was generated by SEAS, and will be either the 15th working day or the last working day of the month. The date will be displayed as MM/DD/YY.

- Contract Number: This is the provider's day care contract number as assigned by DFS when the day care contract is awarded.

- Provider Taxpayer ID: This field displays the provider's taxpayer ID number as required by contract and for income tax purposes for the Internal Revenue Service. The taxpayer ID can be displayed as a federally assigned ID (XX-XXXXXXX) for corporations, or the vendor's social security number (XXX-XX-XXXX).

- Mail To: This field contains the address of the county office where the invoice should be mailed for processing after the provider completes and signs the invoice.

  NOTE: For Residential Treatment Services the invoice will be sent to the Area Office.

- Mail By: This field contains the date the provider should return the completed invoice to the county office for processing. This date will be displayed as MM/DD/YY and will be the 5th day of the month following service delivery, as the vendor's contract states payment information should be sent to DFS within five (5) days for prompt payment processing.

- Provider Address: This is the provider's address.

  NOTE: The provider may request that payment be made to a central business office for bookkeeping purposes. The "Payee DVN" will be listed in the provider system and will allow routing of checks to a central business office. Payee DVN assignment is restricted to central office. If a provider contacts a county office for this purpose, refer them to CPAY.

- Client's Name: This is the name of the specific client authorized for services as assigned by the Departmental Client Number (DCN). The name will be displayed as - last name, first name, middle initial and suffix (ie., Jr.).

- DCN: This is the 8 digit DCN assigned to the client.

  NOTE: DCN's are assigned in the SCLR process. The client's DCN is entered in the SEAS authorization screen from information entered on the CS-67A.

- Service Auth (SERVICE AUTHORIZED): This is the four (4) letter code (eg., EMER for emergency residential care) used to identify the type of service authorized in SEAS. This code is entered in the SEAS authorization screen from information taken from the CS-67A.

The client's authorized frequency is also printed and appears above the authorized service code. This code consists of a letter followed by three (3) numbers. The code identifies the number of times a client is authorized to receive services in the month. The letter code refers to the frequency of service (M for monthly, W for weekly, and S for a single service). The numbers refer to the number of times a client can receive services for the frequency code (i.e., M004 authorizes a client to receive services four (4) times during the month).

> NOTE: A description of all codes printed on the invoice is printed on the bottom portion of each invoice (eg., ICOB Individual Counseling B).

PROVIDER COMPLETION FIELDS:

The following fields must be completed by the provider.

The provider must complete the entries in the calendar and day care column headings for each child listed on the invoice. Details on completion of these fields is listed below.

> NOTE: In some cases the invoice generated to the provider may contain less than twelve (12) services, leaving blank spaces on the system printed invoice. The provider should not enter children or services in these blank lines as the SEAS system will only allow payment of children whose names are printed on the invoice.

PROVIDER COMPLETION FIELDS:

The following fields must be completed by the provider.

The provider must complete the entries in the calendar and day care column headings for each child listed on the invoice. Details on completion of these fields is listed below.

NOTE: In some cases the invoice generated to the provider may contain less than twelve (12) services, leaving blank spaces on the system printed invoice. The provider should not enter children or services in these blank lines as the SEAS system will only allow payment of children whose names are printed on the invoice.

- Attendance:

This field is actually a calendar grid that contains numbers from 1 through 31 to indicate the days of the month. The day care provider will use this field to indicate the day and length of service delivered to the client.

For each client in day care, the provider will enter a one letter code to indicate the length of time the child was present, absent or the provider was closed and is claiming a holiday. These one letter codes will also be printed on the bottom portion of the invoice. A brief description of each code will be printed on the invoice for the provider to use as a reference.

At the end of the month the provider should place a one letter code (A,B, C, H and X days) in the attendance field for each child to indicate the type of service provided underneath the date the service was provided. For example if a child was authorized and attended the day care facility July 1-4 and was absent on July 5th, the provider would enter the letter "A" for days 1-4 and an "X" for the 5th day. If the child was not authorized to be in the day care facility on a given day (ie., weekends) no entries should be made for those days.

The codes are as follows:

A-Days (full day) - These are days in which a client was in care by the day care provider for five (5) or more hours.

B-Days (half day) - Includes days in which the client was in care for a period of between three (3) up to five (5) hours.

C-Days (part day) - These are days in which the client was in day care up to three (3) hours.

H-Days (holiday) - These are days in which the day care facility is closed for a holiday. Entries on the calendar for this code can include federal holidays such as Memorial Day, or any day established by the provider as a holiday such as "Christmas Break". The maximum number of allowable holidays a provider can request are eleven (11) in a fiscal year. However, in any particular month the provider may not charge for more than five (5) absences, including holidays.

NOTE: Holiday payment must be charged for the same day for all children who would have attended on that day if the provider was opened (ie., If the provider was closed on July 3rd for Independence Day, then all children who would normally attend on Friday July 3rd should be claimed. A child who would normally attend on Friday and is absent five (5) additional days will only be reimbursed for four (4) absences.

The use of the H-day holiday code indicates that the provider did not provide day care services for the day indicated. If the provider indicates a holiday for one child on the attendance calendar, all children who would have attended should be coded as having a holiday for that day.

X-Days (absence) - Indicates the client was not present for that day. The provider may claim only five (5) absences per month for a client authorized for five (5 days per week and three (3) absences per month for a client authorized for less than five (5) days per week.

NOTE: Absences should be paid at the rate of payment authorized that would have been paid had the client been present.

- Column Entries:

In addition to completing the dates of service delivery field to indicate days of service provided, the provider will also be required to complete the total number of days or units provided for each client during the month. The invoice contains space for five (5) columns and are located to the right of the "SERV AUTH" column.

For Day Care invoices the column headings will be "A-DAYS", "B-DAYS", "C-DAYS", "H-DAYS" and "X-DAYS" to correspond to the five (5) one letter codes in the attendance section for each client. The provider will be required to add the total number of A thru X days for each client in the appropriate column. For example, if the provider indicates in the attendance section that 16 full days of care were provided, then the number 16 should be entered in the "A-DAYS" column.

An entry must be made in each column for each client. If no services are claimed for a client during the month (ie., no part days [C-Days]) then a "0" should be entered in that column for the client.

After completing an entry for each child in each column, the provider must enter a total for each column at the bottom of the invoice that is titled "TOTAL".

NOTE: The day care unit rates of service per the provider's contract (infant, non-infant and Protective Service) will be displayed under each A (full day), B (half day) and C (part day) column for informational purposes.

- Provider Signature and Date:

  After completing the dates of service provided section (ATTENDANCE), column entries for each client and column totals for the entire invoice, the provider will sign and date the invoice, and send the invoice to the county office indicated on the form. The provider should retain the 4th copy of the completed CS-65A (identified as Vendor Copy Goldenrod).

  No invoice will be processed for payment unless it contains the signature of the provider and the date of completion.

If the signature of the provider is completed by someone other than the provider, documentation must be supplied explaining why this person is signing for the provider.

INSTRUCTIONS FOR RETENTION:

The provider should retain their copy of the CS-65A invoice for a period of five (5) years.

B. CHILDREN'S TREATMENT SERVICES PROVIDER INVOICE INFORMATION AND INSTRUCTIONS:

This section contains information about the CS-65A invoice. This document will be sent to Children's Treatment Services (CTS) providers at the end of each service month. Each invoice will contain space for twelve authorized services (a client may be authorized for more than one service to the same provider). Because each CS-65A invoice contains space for only twelve (12) services, a provider may receive more than one invoice per month.

The system will have the capability to generate invoices two times in the month; on the fifteenth (15) working day and again on the last working day of the month. All providers with active service authorizations will receive invoices after the 15th working day of the month. New service authorizations will appear on the invoice printed on the last working day of the month.

The system generated CS-65A invoice will contain certain pre-printed information to assist the provider in completion of service information. The invoice contains other fields which are filled in by the provider. The following discussion is grouped by System Generated fields and Provider completed fields.

SYSTEM GENERATED INFORMATION:

- Children's Treatment Invoice: This field identifies the type of program in which services were provided. Because the SEAS system generates invoices to Day Care, CTS and Residential Treatment providers, it is necessary to identify the program area for which the invoice is generated. If a provider is authorized to deliver services in more than one program, he/she will receive a separate invoice(s) for each program area.

- Invoice Number: This is a ten (10) digit number consisting of the two (2) digit fiscal year (ie., 92), the three (3) digit FIPS code of the county that authorized services to the provider (189) and a five (5) digit sequential number unique to each invoice generated in the month and will be displayed as (YY-CCC-NNNNN).

  NOTE: A county office should never process an invoice that does not contain the three (3) digit FIPS code for their county.

- Invoice Date: This is the date the invoice was generated by SEAS, and will be either the 15th working day or the last working day of the month. The date will be displayed as MM/DD/YY.

- Contract Number: This is the provider's contract number as assigned by DFS when the CTS contract is awarded.

- Provider Taxpayer ID: This field displays the provider's taxpayer ID number as required by contract and for income tax purposes for the Internal Revenue Service. The taxpayer ID can be displayed as a federally assigned ID (XX-XXXXXXX) for corporations, or the vendor's social security number (XXX-XX-XXXX).

- Mail To: This field contains the address of the county office where the invoice should be mailed for processing after the provider completes and signs the invoice.

- Mail By: This field contains the date the provider should return the completed invoice to the county office for processing. This date will be displayed as MM/DD/YY and will be the 5th day of the month following service delivery, as the vendor's contract states payment information should be sent to DFS within five (5) days for prompt payment processing.

- Provider Address: This is the provider's address.

NOTE: The provider may request that payment be made to a central business office for bookkeeping purposes. The "Payee DVN" will be listed in the provider system and will allow routing of checks to a central business office. Payee DVN assignment is restricted to central office. If a provider contacts a county office for this purpose, refer them to CPAY.

- Client's Name: This is the name of the specific client authorized for services as assigned by the Departmental Client Number (DCN). The name will be displayed as - last name, first name, middle initial and suffix (ie., Jr.).

- DCN: This is the 8 digit DCN assigned to the client.

  NOTE: DCN's are assigned in the SCLR process. The client's DCN is entered in the SEAS authorization screen from information entered on the CS-67A.

- Serv Auth (SERVICE AUTHORIZED): This is the four (4) letter code (eg., ICOB for individual counseling B) used to identify the type of service authorized in SEAS. This code is entered in the SEAS authorization screen from information taken from the CS-67A.

  The client's authorized frequency is also printed and appears above the authorized service code. This code consists of a letter followed by three (3) numbers. The code identifies the number of times a client is authorized to receive services in the month. The letter code refers to the frequency of service (M for monthly, W for weekly, and S for a single service). The numbers refer to the number of times a client can receive services for the frequency code (i.e., M004 authorizes a client to receive services four (4) times during the month).

  NOTE: A description of all codes printed on the invoice is printed on the bottom portion of each invoice (eg., ICOB - Individual Counseling B).

PROVIDER COMPLETED FIELDS:

The following fields must be completed by the provider.

The provider must complete the entries in the calendar and columns for each child listed on the invoice. Details on completion of these fields are listed below.

NOTE: In some cases the invoice generated to the provider may contain less than twelve (12) services, leaving blank spaces on the system printed invoice. The provider should not enter clients or services in these blank lines as the SEAS system will only allow payment of clients whose names are printed on the invoice.

- Date of Services Provided Field:

The date of delivery field is actually a calendar grid that contains numbers from 1 through 31 to indicate the days of the month. The provider will use this field to indicate the number of units of service to the client on the day the service was delivered.

For CTS invoices the heading for the date of service delivery heading will be titled "DATES OF SERVICES PROVIDED". At the end of the month, the provider will enter the number of units provided for each client printed on the invoice underneath the calendar grid corresponding to the date the service was provided. For example, if a client received one unit of counseling on the 10th day of the month, the provider will enter the number one "1" for one (1) unit of service under the number ten "10" for the 10th calendar day of the month in the dates of services provided field.

Entries by the provider in this field must be in whole numbers.

Units:

For each client the provider will indicate the total number of units of service provided for the month. The provider will add the number of units delivered for each client on the dates of services delivered section of the invoice and the amount in this column. If no services were provided for the client, the provider will place a "0" in the unit column.

- Rate:

For each service indicated in the SERV AUTH column, the provider will enter the contracted rate for the service (ie., $25.00 unit rate for individual counseling B).

NOTE: A provider can indicate less than the contracted rate for a service and payment will be at the lesser rate, but payment of a service that is greater than the provider's contracted rate will not be allowed.

- TOTAL - For each client the provider will multiply the number of units indicated in the UNITS column times the unit rate indicated in the RATE column. This total gives the total amount the provider is due for each line.

- THIRD PARTY- In this column the provider will indicate, for each client, an amount if some or all of the cost for the service will be paid by a third party. This includes payments from the client's insurance company or other source that will pay for the service.

  NOTE - The provider should enter this amount even if the anticipated third party payment has not been received.

  If the provider receives a third party payment for a client who is no longer authorized to receive services resulting in an overpayment to the provider, staff should document the overpayment and contact central office so that CPAY can initiate check deduction procedures.

- ADJ TOTAL - This column will be completed by the provider for each client when an entry is made in the "THIRD PARTY" column. This adjusted total is the total amount for the services in the "TOTAL" column minus the amount in the "THIRD PARTY" column.

- Totals:

  After completing entries in the five (5) columns for each client printed on the invoice, the provider will enter the column totals under the "Total", "Third Party" and "Adj. Total" columns for the entire invoice.

- Provider Signature and Date:

  After completing the dates of service provided section (DATES OF SERVICES PROVIDED), column entries for each client, and column totals for the entire invoice, the provider will sign and date the invoice, and send the invoice to the county office indicated on the form. The provider should retain the 4th copy of the completed CS-65A (identified as Vendor Copy, color Goldenrod).

No invoice will be processed for payment unless it contains the signature of the provider and the date of completion.

If the signature of the provider is completed by someone other than the provider, documentation must be supplied explaining why this person is signing for the provider.

INSTRUCTIONS FOR RETENTION:

The provider should retain their copy of the CS-65A invoice for a period of five (5) years.

C. RESIDENTIAL TREATMENT SERVICES PROVIDER INVOICE INFORMATION AND INSTRUCTIONS:

This section contains information about the CS-65A invoice. This document will be sent to Residential Treatment Services (RT) providers at the end of each service month. Each invoice will contain space for twelve authorized services (a client may be authorized for more than one service to the same provider). Because each CS-65A invoice contains space for only twelve (12) services, a provider may receive more than one invoice per month.

> NOTE: All Residential Treatment invoices will be processed by the county's Area Office. Authorization for residential treatment services (except emergency shelter) will also be completed by Area Office. County staff will complete authorization for emergency shelter services.

The system generated CS-65A invoice will contain certain pre-printed information to assist the provider in completion of service information. The invoice contains other fields which are filled in by the provider. The following discussion is grouped by System Generated fields and Provider completed fields.

SYSTEM GENERATED FIELDS:

- Residential Treatment Invoice: This field identifies the type of program in which services were provided. Because the SEAS system generates invoices to Day Care, CTS and Residential Treatment providers, it is necessary to identify the program area for which the invoice is generated. If a provider is authorized to deliver services in more than one program, he/she will receive a separate invoice(s) for each program area.

- Invoice Number: This is a ten (10) digit number consisting of the two (2) digit fiscal year (ie., 92), the three (3) digit FIPS code of the county that authorized services to the provider (189) and a five (5) digit sequential number unique to each invoice generated in the month and will be displayed as (YY-CCC-NNNNN).

NOTE: A county office should never process an invoice that does not contain the three (3) digit FIPS code for their county.

- Invoice Date: This is the date the invoice was generated by SEAS, and will be either the 15th working day or the last working day of the month. The date will be displayed as MM/DD/YY.

- Contract Contract Number: This is the provider's contract number as assigned by DFS when the Residential Treatment contract is awarded.

- Provider Taxpayer ID: This field displays the provider's taxpayer ID number as required by contract and for income tax purposes for the Internal Revenue Service. The taxpayer ID can be displayed as a federally assigned ID (XX-XXXXXXX) for corporations, or the vendor's social security number (XXX-XX-XXXX).

- Mail To: This field contains the address of the area office where the invoice should be mailed for processing after the provider completes and signs the invoice. For RT invoices, the return address will always be Area Office.

- Mail By: This field contains the date the provider should return the completed invoice to the area office for processing. This date will be displayed as MM/DD/YY and will be the 5th day of the month following service delivery, as the vendor's contract states payment information should be sent to DFS within five (5) days for prompt payment processing.

- Provider Address and DVN: This is the provider's address.

  NOTE: The provider may request that payment be made to a central business office for bookkeeping purposes. The "Payee DVN" will be listed in the provider system and will allow routing of checks to a central business office. Payee DVN assignment is restricted to central office. If a provider contacts a county office for this purpose, refer them to CPAY.

- Client's Name: This is the name of the specific client authorized for services as assigned by the Departmental Client Number (DCN). The name will be displayed as - last name, first name, middle initial and suffix (ie., Jr.).

- DCN: This is the 8 digit DCN assigned to the client.

  NOTE: DCN's are assigned in the SCLR process. The client's DCN is entered in the SEAS authorization screen from information entered on the CS-67A.

- Serv Auth (SERVICE AUTHORIZED): This is the four (4) letter code (eg., MODR for Moderate Need Level) used to identify the type of service authorized in SEAS. This code is entered in the SEAS authorization screen from information taken from the CS-67A.

  The client's authorized frequency is also printed and appears above the authorized service code. This code consists of a letter followed by three (3) numbers. The code identifies the number of times a client is authorized to receive services in the month. The letter code refers to the frequency of service (M for monthly, W for weekly, and S for a single service). The numbers refer to the number of times a client can receive services for the frequency code (i.e., M004 authorizes a client to receive services four (4) times during the month).

  NOTE: A description of all codes printed on the invoice is printed on the bottom portion of each invoice (eg., MODR - Moderate Need Level).

PROVIDER COMPLETED FIELDS:

The following fields must be completed by the provider.

The provider must complete the entries in the calendar and column headings for each client listed on the invoice. Details on completion of these fields are listed below.

NOTE: In some cases the invoice generated to the provider may contain less than twelve (12) services, leaving blank spaces on the system printed invoice. The provider should not enter clients or services in these blank lines as the SEAS system will only allow payment of clients whose names are printed on the invoice.

- Attendance:

  The attendance field is actually a calendar grid that contains numbers from 1 through 31 to indicate the days of the month. The provider will use this field to indicate the number of units of service to the client on the day the service was delivered.

For RT invoices the heading for the dates of service delivery will be titled "ATTENDANCE". The provider will be instructed to enter a one letter code for each client on the invoice to indicate the days the client was in care at the facility and absences. RT invoices will be mailed to Area Office. for review and data entry.

At the end of the month, the provider should place a one (1) letter code (A, B, C, D) in the attendance field for each client to indicate daily attendance or absence for the child in the Residential facility.

For example for a client who resided in the facility during the 1st thru the 10th day of the month, the provider will place the letter "A" under the number's one (1) thru ten (10) (days of the month) under the attendance field. If the same client left the facility during the 11th thru the 25th days of the month for a scheduled home visit with the client's parents, the provider would place the letter "C" under number's 11 thru 25 to indicate absence due to a home visit.

The codes are:

A - Indicates days in which the client resided in the facility.

B - Indicates a day in which the client was absent from the facility due to hospitalization.

C - Indicates a child in runaway status.

D - Indicates absence due to a home visit with the client's natural or substitute family.

- Units:

For each client the provider will indicate the total number of allowable days of payment. for services provided during the month. The provider will add the number of "A" days delivered on the attendance for each client on the invoice and the amount in this column. For example, for a client with 20 "A" days in the attendance column, the provider will enter the number twenty "20" in the UNITS column. If no services were provided for the client, the provider will be instructed to enter "0".

- Rate:

For each service indicated in the SERV AUTH column, the provider will enter the contracted rate for the service (ie., $55.00 unit rate for the moderate residential rate).

NOTE: A provider can indicate less than the contracted rate for a service and payment will be at the lesser rate, but payment of a service that is greater than the provider's contracted rate will not be allowed.

- Total:

  For each client the provider will multiply the number of units indicated in the UNITS column times the unit rate indicated in the RATE column. This total gives the total amount the provider is due for each client.

- Third Party:

  In this column the provider will indicate, for each client, an amount if some or all of the cost for the service will be paid by a third party. This includes payments from the client's insurance company or other source that will pay for the service.

  NOTE - The provider should enter this amount even if the anticipated third party payment has not been received.

  If the provider receives a third party payment for a client who is no longer authorized to receive services resulting in an overpayment to the provider, staff should document the overpayment and contact central office so that CPAY can initiate check deduction procedures.

- Adj Total:

  This column will be completed by the provider for each client when an entry is made in the "THIRD PARTY" column. This adjusted total is the total amount for the services in the "TOTAL" column minus the amount in the "THIRD PARTY" column.

- Totals:

  After completing entries in the five (5) columns for each client printed on the invoice, the provider will enter the column totals under the "Total", "Third Party" and "Adj. Total" columns for the entire invoice.

- Provider Signature and Date:

  After completing the dates of service provided section (DATES OF SERVICES PROVIDED), column entries for each client and column totals for the entire invoice, the provider will sign and date the invoice, and send the invoice to the area office indicated on the form. The provider should retain the 4th copy of the completed CS-65A (identified as Vendor Copy, color Goldenrod).

No invoice will be processed for payment unless it contains the signature of the provider and the date of completion.

If the signature of the provider is completed by someone other than the provider, documentation must be supplied explaining why this person is signing for the provider.

INSTRUCTIONS FOR RETENTION:

The provider should retain their copy of the CS-65A invoice for a period of five (5) years.

SECTION II

PAYMENT DESIGNEE REVIEW AND APPROVAL

COUNTY OFFICE PAYMENT DESIGNEE INSTRUCTIONS:

County Receipt of CS-65A From Provider:

Immediately upon receipt, the original and second copy of the invoice should be date stamped and sent to the payment designee for review. This ensures that invoices reviewed and approved by the payment designee can be invoiced for payment in a timely manner.

PAYMENT DESIGNEE INVOICE REVIEW AND APPROVAL:

Payment Designee Responsibility:

The payment designee will review the invoice for the following:

- Completeness - the invoice must have entries in the calendar, column and column total fields. If no services were provided for a client, a "0" should have been placed in the column for the client.

- Reasonableness - The payment designee should ensure that the service was provided according to the needs of the client as identified in the case plan and the providers authorization, and the type of service provided. For example, SEAS checks an invoice that shows twenty (20) units of counseling delivered to a client on the 10th calendar day of the month would require further clarification and is probably in error.

It will not be necessary to recompute the providers totals as the system will do the required computations (ie., rate times the number of units) and compare these figures with the providers computations.

Any errors detected by the payment designee will need to be reconciled with the provider.

After the payment designee has reviewed the provider's invoice for accuracy, completeness and reasonableness of service, the CS-65A will be sent to a Data Entry operator for data entry. At this time the SEAS system will run each invoice through a series of edits.

The Data Entry operator will enter the number of units (A, B, C, H and X days for day care invoices) in the unit columns on the invoice screen using information completed on the invoice by the provider. At the end of each invoice, the system will enter the total for the columns (A, B, C, H and X columns for day care invoices, total, third party and adj total for CTS invoices) from the invoice completed by the provider.

After entering this data, SEAS will check each client to ensure that the provider did not request more units of service than were authorized by the county authorizing worker. SEAS will also check the addition for the column totals as entered by the provider on the invoice.

If the invoice passes all edits, it will be accepted and held by the system to be part of the next CSIPS payroll. If errors result, SEAS will not allow the invoiced data to be entered for payment. A message will be displayed on the invoice screen stating client and column totals are in error.

ERROR RESOLUTION:

The following discussion outlines the probable areas for errors and the procedures for resolution.

As stated above, the payment designee may identify errors from the provider's completed CS-65A invoice. Procedures for handling errors are as follows:

- Payment of Entire Invoice:

  Minor omissions/discrepancies to line items may be corrected by the payment designee after resolution with the provider. The omission or discrepancy should be circled with a red ink pen by the payment designee.

  It is permissible to contact the provider by telephone and, if an agreement is reached, the correction must be initialed by the payment designee and resubmitted to the Data Entry operator for data entry. If any changes are made on the provider's invoice, the third copy (correction copy) should be returned to the provider.

- Payment of Partial Invoice:

  If a line item(s) can not be resolved with the provider, the payment designee may pay the provider for all correct line items on the invoice. The line item in question should be circled with a red ink pen and the third copy (correction copy) of the CS-65a invoice should be returned to the provider, with an attached CS-107 (CS-65A Service Eligibility and Authorization Invoice Correction Form). The CS-107 should detail the reason the line item(s) was not invoiced for payment. The invoice should then be sent to the data entry operator in order to pay for the approved line items.

  In order to pay the approved line items and hold payment for the unresolved items on the invoice, the payment designee should enter a four (4) letter code of "HHHH" on the line item of the invoice. This code alerts the data entry operator to hold or pend payment for the line item in question.

For CTS invoices, the holding code (HHHH) is placed under the ALLOW UNITS column for each client not approved for payment. For Day Care invoices, the holding code is placed under the A DAYS column for the client.

To pay for a line item previously put on hold, the payment designee should use the 3rd copy (correction copy) of the CS-65A supplied by the provider. Upon receipt of the corrected copy of the invoice from the provider, the payment designee should again review the provider's request for payment. If approved, the invoice should indicate the number of units to be paid for the previously pending payment. In addition, the column totals for the invoice should be adjusted to show the total for the line items to be paid.

- Non-Payment of an Entire Invoice:

  If after review, the payment designee decides the entire invoice should not be paid, the original and all copies of the entire invoice will be returned to the provider for correction/informational purposes. A CS-107 should also be attached to the invoice identifying the reason the invoice was not entered for payment. This procedure should only be followed if the errors are substantial and error resolution can not be achieved easily. The following are examples of errors which will cause the entire invoice to be returned to the provider without payment.

  - No provider signature
  - Consistent charges in excess of authorized amount of service
  - Consistent billing for more than the contracted rate per unit
  - Incomplete form such as dates of service delivery not identified
  - Initial receipt by county of invoice from provider 60 days after the end of the month of service delivery. In this case the invoice will not be allowed for payment unless the Division of Family Services was responsible for the delay.

- Loss of contract or license for the month of service delivery, and the provider submitted charges for the uncontracted/unlicensed period.
- Illegibility - All or most of the payments requested by the provider are not readable.
- Other significant problems identified by the payment designee.

NOTE: Prior to sending the invoice back to the provider, the payment designee should instruct the date entry operator to enter only the DATE RECEIVED on the invoice entry screen. This date should be taken from the date stamped on the invoice, upon receipt in the county office. Entering the date received for the invoice allows the payment designee to "0" out or pay the invoice at a later date, after payment problems have been resolved.

- Specific Error Resolution Procedures:

The following represent some specific types of errors and the procedures for error resolution.

- VENDORS WITH CLOSED LICENSE AND/OR CONTRACT:

Purchase of service vendors must be contracted and licensed (with the exception of CT vendors) with DFS in order to be eligible to provide services. The Division of Family Services will not pay vendors for the period of time in which the contract or license was not in effect (ie., contract or license lapsed or terminated).

In some cases it is possible for the license or contract to become invalid after the invoice printed on the 15th working day of the month is produced and mailed to the provider. For example, an invoice was printed on July 20, 1992 and the vendor's license was terminated on July 23, 1992.

NOTE: If the vendor's contract or license was terminated prior to the printing of the invoice, the invoice will contain asterisks (*) in the calendar field for those days where the contract or license was not valid. This will prevent the provider from requesting payment on the CS-65A invoice for those days in which his/her license or contract was not valid.

Invoices produced on the last working day of the month will also reflect the vendor's current contract or licensing status. The invoice will have an (*) asterisk for those invalid days.

- Vendors With Closed Contract/License after Invoice Generation Report:(SMAIN080-01)

  To facilitate the review of vendors who have lost a license or contract after the invoice was produced, a report will be sent to the county office. The report will detail list the vendor's name, DVN, invoice number and the date the license or contract was closed.

- Error Identification and Correction for Invoiced Services to Providers With Closed License/Contract:

  It will be the responsibility of the payment designee to review the invoice after completion by the provider to ensure that the provider requested services for the days in which the contract or license was valid. If the provider requests payment for days in which the contract or license was not valid, the payment designee should immediately contact the provider to resolve the problem.

  The payment designee should then correct the invoice for each client so that the invoice shows payment for only days in which the vendor's contract or license was valid as stated in the error correction procedures and return the third copy of the completed invoice to the provider with an attached CS-107 detailing the reasons for partial payment.

  If the provider demands payment for services invoiced on the CS-65A when the client's authorization for services was closed, the payment designee should send an IOC to the area office detailing the provider's demands and the reason the invoiced services were not paid.

- INVOICES WITH CLOSED AUTHORIZATIONS:

In some cases it is possible that an authorization for services is closed after the invoice printed on the 15th working day of the month is produced and mailed to the provider. For example, an invoice was printed on July 20, 1992 and the authorization for services was closed on July 23, 1992.

> NOTE: If the client's authorization was closed prior to the printing of the invoice, the invoice will contain asterisks (*) in the calendar field for those days where the authorization was open. This will prevent the provider from requesting payment on the CS-65A invoice for those days in which the authorization was closed.
>
> Invoices produced on the last working day of the month will also reflect the client's current authorization status. The invoice will have an (*) asterisk for those invalid days.

- Authorizations and Contract Closing After Invoice Generation Report (SMAIN080-01):

  It will be the responsibility of the payment designee to review the invoices to ensure that the provider did not request payment for services that were closed. To facilitate this review, a monthly report will be sent to the county office listing all clients whose authorization was closed after the invoice was produced. The report will contain the client's name, DCN, invoice number, and the date the invoiced service was closed in SEAS.

- Invoices With Closed Authorizations Error Identification and Correction:

  The payment designee should then correct the invoice for each client so that the invoice shows payment for only days in which the client's authorization was open. The payment designee will forward the 3rd copy of the corrected CS-65A invoice to the provider with a CS-107 explaining the changes to the invoice and give the 2nd copy to the Data Entry operator for data entry so that the adjusted invoice can be paid.

  If the provider demands payment for services invoiced on the CS-65A when the client's authorization for services was closed, the payment designee should send an IOC to the area office detailing the provider's demands and the reason the invoiced services were not paid.

UNRESOLVED INVOICE PROCEDURES:

Each month, a report will be sent to the Area Office and payment designee titled "Unresolved Invoices" (SMAIN070-02). Invoices that have been purged from SEAS (removed from the system after three months will not appear on this report. This report lists all invoices for clients authorized by the county that have not been entered for payment in SEAS from previous months. The payment designee should review this report and initiate contact with the provider to determine why the invoice has not been received. After contacting the provider, the payment designee should request a copy of the CS-65A invoice from the provider.

Upon receipt the payment designee will make the decision to pay all or some of the line items, or to "0" out the invoice so that no payment is generated. Examples of an invoice where no payment should be generated include: Initial receipt of the invoice from the provider after 60 days from the end of the month of service delivery; No payment was requested from the provider on the invoice; The service has already been paid.

In some instances, a copy of the invoice cannot be obtained from the provider. Contact the provider and request written verification that no services were provided, or that services were paid outside of SEAS. This documentation should be retained in the area/county office for a period of five (5) years. If the provider cannot be contacted and no payment is due, document the attempted contact. After verification, sent an IOC to CPAY requesting that the invoice be processed for no payment ("0" units for payment).

NOTE: If the invoice has already been purged and payment is not requested by the provider, no action is necessary.

RESOLUTION OF PROVIDER OVERPAYMENTS:

In some cases an overpayment may occur to a SEAS provider due to a data entry or provider error on the data entered CS-65A invoice. Examples of these kinds of errors include:

- Due to a provider error, more units were paid than were provided, and the provider notifies the county office after the payment has been generated;

- The provider is late in reporting third party income that covers part or all of the service already paid by DFS;
- The county data entry operator enters an incorrect amount of units of services to be paid that were over the number of units requested by the provider.

In all of these instances, it is possible to recoup the overpayment in CSIPS, if the provider is expected to receive future Children's Service payments.

When an overpayment is discovered, contact CPAY so that recoupment procedures can be initiated. For details on this procedure refer to the Alternative Care Handbook Procedure D-5, attachment F - Overpayments of Maintenance/Special Expense Costs.

CARRY OVER OF PARTIAL UNITS FOR CTS SERVICES:

In some cases services may not be in whole units, resulting in partial units of services. For CTS services such as counseling, parent aide, homemaker, CASA, Home Based Family Centered and Resource Coordinator services, a unit is defined as 50 minutes in length.

Exceptions to this are:

- Day treatment (DTRP and DTRS) - One (1) unit is a minimum of four (4) hours in length;
- Respite Care (RSCR) - One (1) unit is 24 hours in length;
- Evaluation and Diagnosis (EVDA, EVDB, EVDC, EVCG, EVCL and EVCR) - One (1) unit is completion of all test.

For services where the unit is 50 minutes, partial units may be accumulated towards payment if the following conditions are met:

1. The initial carryover of the partial unit may be at least 25 minutes in length. For example on 07/05/92, 75 minutes of individual counseling is provided for a client. The provider would indicate one (1) unit of service on the CS-65A invoice for 07/05/92 and begin accumulating the partial unit toward a full unit because the partial unit is 25 minutes in length.

2. The provider must claim only whole units of service on the invoice. Payment for partial units (i. e. 1 1/2) are not allowed. To be reimbursed for partial units, the provider must accumulate these partial units until one whole unit of service is accumulated.

   For example, on 07/07/92 another 75 minutes of individual counseling is provided. The provider should indicate two (2) units of service for the 7th on the CS-65A invoice: One unit of 50 minutes; and another unit for the accumulation of partial units from the 5th (25 minutes) and the 7th (25 minutes).

3. Provider may not bill for more units of service than established on the authorization in SEAS. System edits will prohibit payment of units that are over the clients' authorized frequency. If more units of monthly service are indicated and approved by county staff as part of the case plan, the authorized frequency must be updated in SEAS for the client.

   NOTE: Partial units in excess of the authorized frequency cannot be carried over for accumulation in futures months for payment.

Documentation of partial units, such as the CS-108 sign-in sheet; toward the payment of accumulated partial units is the responsibility of the provider. Partial units may be carried over into another service month and claimed for payment when one whole unit of service is accumulated.

However, the request for payment must not be over the client's authorized frequency.

A unit of service consists of fifty (50) minutes of direct interaction with the client. For a psychiatric evaluation the unit of services is the evaluation and submission of the required written report.

A partial unit of service as defined by the contract is as follows: "The contractor shall understand and agree that, to the maximum extent possible, services shall be delivered in full units as defined herein. For those services in which the unit is defined as fifty (50) minutes service may be delivered in less than full units so long as the minimum length of time spent in each service delivery is at least twenty-five (25) minutes and the state agency has provided prior approval for the provision of less than a full unit of service. The amount of time spent in delivery of less than a full unit of service may be accumulated to a full unit for invoicing. However, at no time may the contractor bill for more units than authorized on a monthly basis. The amount of time spent in service delivery must be adequayely documented, as provided elsewhere herein."

SECTION III

DATA ENTRY INSTRUCTIONS

DATA ENTRY OPERATOR INSTRUCTIONS:

Prior to data entry the Data Entry operator should review the invoice for the following:

- The payment designee's signature and date,
- A date received stamped on the original copy of the invoice.
- Any blanks in the invoice column totals.

If any of the above are missing from the invoice, the Data Entry operator must return the CS-65A to the payment designee identifying the reason why the invoice was not entered for payment.

Specific Data Entry Instructions:

Based on the type of invoice (Day Care, CTS or Residential Treatment) the Data Entry operator will select an invoice entry screen (DC for Day Care, CT for CTS invoices, RT for Residential Treatment). These screens can be accessed using the Data Entry operator's transaction ID (ZSEA, ZSIU or ZSSU). After entering the transaction ID, the SEAS Main Menu will be displayed. The Data Entry operator will place an "X" by the INVOICE MENU and depress the enter key. The INVOICE MENU will be displayed.

The Data Entry operator will then select the appropriate Entry Invoice Screen by placing an "X" by the desired screen, and enter the ten (10) digit invoice number printed on the CS-65A invoice, at the top of the INVOICE MENU screen under the field titled "INVOICE". The invoice entry screen will then be displayed.

The invoice entry screen will look very similar to the CS-65A invoice document. The screen will already contain all of the Client's Names, DCNs and four letter service description codes that are printed on the CS-65A invoice completed by the provider. However the invoice screen will not contain the DFS office, provider's address and the providers taxpayer ID that is printed on the CS-65a invoice. These fields are printed to assist the provider in completing and mailing the invoice.

The authorized frequency for each clients (i.e. , M004) is printed on the CS-65A invoice but is not displayed or entered on the invoice entry screen. However, the system edits each client's authorized frequency and prevents entry of days or units that are more than the authorized frequency entered from the CS-67A.

Procedure for resolving errors due to this edit are outlined in the "Error Detection and Resolution": section of these instructions.

NOTE: The authorized frequency for each client (i.e., M004) is printed on the CS-65A invoice but is not displayed or entered on the invoice entry screen. However, the system edits each client's authorized frequency and prevents entry of days or units that are more than the authorized frequency entered from the CS67A.

Procedures for resolving errors due to this edit are outlined in the "Error Detection and Resolution" section of these instructions.

The SEAS invoice entry fields are explained below. An asterisk (*) by the field indicates that the Data Entry operator must make an entry on the invoice screen:

* ● DATE RECEIVED:

After the invoice is received from the provider and a review has been completed by the payment designee, the date the invoice was received in the county offices should be entered into the SEAS invoice screen. The date entered will be used as an edit to prevent payment to vendors who do not submit an invoice for payment within 60 days. The date should be entered as MM/DD/YY.

NOTE: Because the vendor's contract states that the invoice must be received by DFS within 60 days from the date the service was provided, it is important to enter the date received as soon as the invoice has been reviewed by the payment designee (see Attachment A for payment designee responsibilities). If an entry in the Date Received field is more than 60 days from the date service was delivered, SEAS will prevent the invoice from being entered for payment.

ENTRY OF CLIENT AND COLUMN TOTALS:

DAY CARE INVOICES:

The headings for the columns on the invoice screen for Day Care will be; A-Days, B-Days, C-Days, H-Days and X-Days. The Data Entry operator will enter the number of A, B, C, H and X days for each client from the invoice as completed by the provider.

NOTE: To put a Day Care line item on hold, enter four H's (HHHH) in the A-Day Column.

* ● Day Care Column Totals:

After completing entries for each client on the invoice screen, the Data Entry operator will enter the totals for each column taken from the bottom of the invoice (A, B, C, H and X day columns).

CTS and RT INVOICES:

All columns, except Units, should be entered in dollars and cents (0000.00). Units should be entered in whole numbers (12, 25). An asterisk (*) will identify the fields that require data entry.

* Units:

The Data Entry operator will enter the number of units for each client as indicated by the provider on the invoice. Units must be entered in whole numbers. SEAS will not allow entry of fractional units in this column (ie., 4 1/2).

The SEAS system will not allow entry of units for a client that is greater than the frequency of the authorized service (ie., for a client authorized for 10 units of counseling each month, the number of units entered in the "UNITS" column for the client cannot be greater than ten (10).

NOTE: To put a client's payment on hold enter four H's (HHHH) in the unit column.

* RATE

The CTS invoice screen will display the rate of service as set by the vendor's contract in the contract system. An entry in this column is not necessary unless the provider has indicated a rate less than the contracted rate displayed on the invoice screen. To enter this lower unit rate, place the cursor over the rate to be lowered and key in the lower rate. The rate must be entered in dollars and cents ($45.00). SEAS will not allow entry of a service rate that is greater than the contracted rate.

* TOTAL:

An entry in this column is not necessary as the system will calculate the number of units times the unit rate and display the total for services provided. After making entries in the UNITS and RATE columns the Data Entry operator should review the TOTAL column to ensure that the total completed for the client agrees with the total on the invoice screen. If discrepancies are discovered during this review, the invoice should be returned to the payment designee for error reconciliation.

THIRD PARTY:
Any third party payments indicated on the invoice for a client should be entered in this column. The amount should be entered in dollars and cents ($25.00).

ADJ. TOTAL:
An entry in this field is not necessary. Based on entries in the "Third Party" column, the system will calculate the amount in the "Total" column minus the amount in the "Adj Total" column and display the adjusted total amount.

* ● CTS or RT Column Totals:

After entering totals in the columns for each client, the system will enter totals for the column, located at the bottom of the invoice screen. The system will compute and display totals for the "Total", and "Third Party and Adj. Total (if entries are made) columns on the CTS invoice screen. The system will not display totals for the "Unit" and "Rate" columns.

PAYMENT DESIGNEE SIGNED (DATE AND WORKER ID NUMBER):

* WORKER ID NO: Enter the payment designee's five (5) digit worker ID from the "County Director Payment Designee Worker ID NO" field on the CS-65A invoice.

* DATE: Enter the date the payment designee signed the CS-65A invoice. This date should be taken from the "County Director/Payment Designee Date field and should be entered as MM/DD/YY.

DATA ENTRY OF INVOICES WHERE NO PAYMENT IS REQUESTED:

Invoices where no payment is requested by the provider for all line items should be entered into SEAS. After approval from the payment designee, the data entry operator should enter "0" in the ALLOW UNITS column (CTS invoices) or A through X day columns (Day Care invoices) for all line items on the invoice.

After entry, copies of the invoice should be retained at the local county office.

It is important to "0" out these invoices, so that payment cannot be requested and entered in error for the invoice at a later date.

PAYMENT OF INVOICE LINES PREVIOUSLY PUT ON HOLD (HHHH):

To pay for clients previously put on hold, enter the invoice number and select the invoice type from the Invoice Menu in SEAS. The invoice will be displayed. Each line item previously put on hold (HHHH) will be identified with four 0s (0000) in the allow units column for CTS invoices or A days column for Day Care invoices. Any other line items previously entered for payment will also appear, but cannot be updated.

Enter the new date that the invoice was received if the correction copy of the invoice had been sent back to the provider for correction or clarification.

Enter the number of units (for CTS invoices) or A through X days (for Day Care invoices) for the line item to be released for payment. If the invoice passes all edits the system will display the invoiced data as entered by the data entry operator.
After all line items to be paid have been entered, the system will enter the new totals for the line items that are being released for payment. The total columns must agree with the totals entered for payment for each line item to be paid.

Enter the date the payment designee agreed to release the pending invoice lines and the payment designee's worker ID. It is necessary to make an entry in these two (2) fields in order for SEAS to process payment of these line items.

After data entry a copy should be retained in the county office business file for five years.

Error Detection and Resolution:

After entering all required fields, the Data Entry operator should check the total amounts for each client as well as the total for the invoice displayed on the invoice screen against the amounts completed by the provider on the CS-65A invoice. The Data Entry operator will then be prompted to depress the enter key.

The system will then display a field at the bottom of the screen asking the data entry operator to verify if the invoice should be entered for payment. If correct, the Data Entry operator will enter a "Y" in the verify field and the invoice will be accepted for payment.

If the Data Entry operator can identify the error, he/she should circle the error in red ink, clear the invoice screen and send the un-entered invoice back to the payment designee for review and resolution with the provider.

The Data Entry operator should follow these procedures:

1. Review the invoice and try to locate the error. In some cases this will be a simple mathematical error on the part of the provider, or a mistake in completing the invoice (ie., the provider entered 31 units in the unit column when only 13 units were provided according to the calendar).

2. If the Data Entry operator can locate the error, circle the error(s) with a red ink pen.

3. Send the invoice back to the payment designee explaining that the system has detected an error and SEAS will not allow entry for payment of the invoice. If the error cannot be located, attach a note stating that the system discovered an error on the vendor's invoice and cannot be entered for payment.

DAY CARE ONLY:

Because the day care invoice does not contain a field for the total amount of the invoice a total amount will be displayed on the message line of the day care invoice screen. The Data Entry operator should then write the total amount on the CS-65A day care invoice above the vendor's signature.

Immediately after data entry, the Data Entry operator will return the original copy of the invoiced CS-65A to the payment designee for filing in the county business file.

MEMORANDA HISTORY: CS87-58, CS88-20, CS88-87, CS92-43